


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent X <i>NICHOLAS G. GAGLIARDI</i> <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">Riley Stoker Inc., f/k/a Babcock Borsig Power Inc c/o Its Registered Agent: CT Corporation System 5 Neponset Street Worcester, MA 01606-1400</p> <p style="font-size: 1.2em; font-family: cursive;">07cv1064 S+C</p>	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from field 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No <div style="text-align: center;">  </div>
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7003 3110 0004 0799 4486	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540